

Case Number:	CM15-0023073		
Date Assigned:	02/12/2015	Date of Injury:	05/12/2003
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Hawaii, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 74 year old female, who sustained an industrial injury on 5/12/2003. The current diagnoses are degeneration of the lumbar intervertebral disc, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, pain in joint involving the lower leg, disorders of the sacrum, and sacroilitis. Currently, the injured worker complains of increasing right lower extremity radicular pain. Current medications are Tylenol with codeine, Baclofen, Lidoderm patch, Omeprazole, Ambien, and Diltiazem. Treatment to date has included medications, TENS unit, and injections. On 8/6/2014, the injured worker underwent bilateral sacroiliac joint injections for increasing lumbar and bilateral sacroiliac joint pain, which gave her 100% relief. The treating physician is requesting Norco 10/325mg #120, which is now under review. On 1/28/2015, Utilization Review had non-certified a request for Norco 10/325mg #120. The Norco was modified to #60. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg # 120 is not medically necessary.